

1) *What should SLOEs/LORs look like for a transitional year intern? This particular individual reports that he will be rotating through EM at SAMMC again. He knows he can get a SLOE that way, but who should author the other letter that he uploads to MODS? Obviously, the PD evaluation will be uploaded as well.*

- A) The SLOE is put out by CDEM, it's designed for MS4's going through clerkships/AI's. However most SLOE writers can adapt it for a rotating PGY-1, it just has to explicitly say whether it is the SLOE based on their clerkship time or updated to include PGY1 performance. When written for PGY-1s they usually have a caveat at the beginning of the narrative portion explaining the issue. The comparison group for qualification questions and rank list is still all EM applicants from last year. The section for % H, HP, LP, F isn't really applicable since performance on PGY1 rotations is usually pass/fail so it needs to be explicit which rotation (clerkship or intern) and which grading scale was used so the candidate is not disadvantaged. The more objective information the better.
- B) Regarding who writes the letter-usually there is an attending in charge of off-service rotators. If they don't have experience writing SLOE's they can do a joint letter with the clerkship director or PD. For who writes the second letter, if you're still in touch with the writer of your SLOE from last year they can update. Or it can be a traditional letter. We understand it may be hard to get a true SLOE from multiple sources during intern year. Just do your best to have writers represent your current performance in EM and perhaps offer them the template to help them structure their non-SLOE letter to answer the same questions.

2) *When you are in a non-deployable environment, what is your schedule like? Are they shift work? How many shifts do you usually do per week/month and how long are they?*

Unless you are non-deployable (new illness/injury/surgery with convalescence) there are very rarely jobs that are non-deployable. When you are not deployed the schedule varies based on location of assignment and the local group's preferences. There are places with staggered shifts of variable length from 8 hr to 12 hrs. long and an inversely variable number of shifts per month and sometimes more if manning is decreased from a deployment or illness. There's been a move from 12s to 8s. There is usually a shift differential for highly administrative jobs like flight commanders, medical directors, schedulers, or academics. You will not have the same number of clinic hours as say a family medicine doctor, but your shifts will usually be a mix of day/evening/nights/weekends. There are usually a few admin days set aside for M&M or commander's call or training days. There is time for a personal life, and I would say much more so than specialties with 24 hr call.

3) *Can you elaborate on maintaining a work-family balance? What are some ways married people with children can manage with the often deployment environment?*

This is tough, you have to pick your partner well and have them understand what you're getting into before you sign up. We deploy a lot. And when gone usually you have to trust your partner to take care of everything (kids, home, finances, and other family relations) since communication is not guaranteed. After the recession in '08 the US Treasury started doing "stress tests" for banks to see if they had enough capital to handle another downturn, deployments are your relationship's stress test. I have seen some fail during/after deployment, but it's rare. Tips: hopefully there's internet access that can support video-chat, check in every day at a regular time. Have other family come in to relieve the

spouse regularly so they can have some personal time too. Have a trusted friend check on them to give you an honest assessment of their stress level because your partner will tell you everything is fine no matter what. Squadron/Flights will assign someone to help the spouse during deployments

*4) Are there restrictions in requesting ADTs without a Step 1 score? At my school, we take step 1 after 3rd year, so when requesting ADTs we won't have taken Step 1 yet.*

No

*5) Do you have any suggestions/advice on how to approach someone when requesting a SLOE?*

Your clerkship director should do this for you regardless of your performance. If you stunk it up that month, they should be able to let you know that up front and will tactfully decline or advise you to get one from another rotation. They often give the best SLOEs because they have a large comparison group and can remain objective. If you approach someone else (maybe you're thinking you want a well-published academic or a department chair (BTW this often doesn't matter) you should have worked with them several shifts. The ability assess a candidate by CV and interview doesn't always translate to performance in the ED so the letter becomes generic. They should be someone who writes a fair number of SLOEs so they can compare you to last year. They will have to get data from the clerkship director if it'll be a true SLOE. Look at your schedule, try to find an attending you've performed well for or who you'll work with a lot and ask them early on in the rotation if they'd consider writing one. This will allow them to observe you with intent to write a letter rather than trying to remember details or gather info from other staff. Some CDs may allow schedule changes so you can work with that person more in order to get the letter.

*6) What advice do you have when trying to find mentors when it's so hard to be exposed to military EM physicians?*

You can join government or military service chapters in your national EM organizations, they all seem to have a military mentorship program. Use your school's military interest group. It's more important to have an EM advisor as a MS3-4 to see if it's really for you. Your clerkship director for ADTs is the go to person for advice initially and they can direct you to good mentors if you would like to make contact in person. I'd say all the PDs or CDs will entertain emails if given enough time to respond

*7) Do you recommend doing your first ADT at your top choice or would it be more advantageous to do your top choice as a second ADT?*

We often realize your performance improves in each rotation. If you go to your number one on your 4<sup>th</sup> EM rotation and just do OK, it's a lot different than if it's your first and you equally perform. It comes down to a personal assessment of your performance, if you think you need a bit of polishing on your presentations try one out somewhere else first. If not, you'll get the added benefit of knowing the place early, getting mentors and establishing yourself in the program as well as the beneficial 1<sup>st</sup>

rotation handicap.

8) *Does having AFROTC experience/DG aid in the points that are awarded for "EM Officer potential"? Or ROTC doesn't have a big advantage?*

Not necessarily, depends on what you've done with that time, DG is probably looked on favorably as would graduating with honors. High performers tend to continue high performance. Remember we're looking for EM potential in this.

9) *During the teleconference, it referenced specifically to interns reaching out to the residencies seeing if they can help or be a part of any research the programs are performing. I just wanted to ask if you have seen medical students be able to reach out and work with these programs on their research. For myself I am currently trying to complete the NIH clinical research certification course to open research opportunities for myself here in West Virginia but am struggling to find EM specific researchers in my area.*

*If you know who I could contact or if there are opportunities to work with the AF residencies I would be very grateful for your assistance as I am very interested in EM and aside from working hard prepping for boards I want to get more involved on the research side as that is one of my weaker points, having no prior exposure.*

Your school should have a core EM rotation. IF there is not a research director for this department reach out to your potential ADT's clerkship director for their RD contact. They may have some data analysis you can do from afar. If there's nothing available locally research points can be obtained from work in other specialties too. If you're going to make contact you have to follow through, no bonus points just for asking. In the end it's easier often just to do a case report with some local faculty mentorship. It's best to have your own simple research question and seek if you can implement.

10) My understanding is that we only have 2 ADTs to use for our 3rd and 4th year. How do we go about scheduling audition rotations as a civilian so that I can visit a 3rd EM audition location?

Same process, contact the clerkship coordinator/director to set up. We all will do it, just need to make sure if you're a new school you've they've set up a TAA/MOU with the desired location.